

**COUNTY OF LOS ANGELES – TREASURER AND TAX COLLECTOR
BUSINESS LICENSE INVESTIGATION REPORT**

Account# 141743

Application for
HEALTH SPA/CLUB SANTA CLARITA

Date
12/17/14

						Hearing Date	
D.B.A. Ideal Fitness Center, Inc.		Organization or Corporation Ideal Fitness Center, Inc.				Incorporation Date 09/27/13	
Address of Proposed Activity 24640 Wiley Canyon Rd, Newhall 91321		Contacted Virginia Endo				Date Contacted 12/17/14	
Applicant, Sponsoring Adult or Corporate Officer 1. Wade A. Gates		Position Owner				Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
Address	Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth	
		Position				Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.							
Address	Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth	
		Position				Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.							
Address	Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth	
		Position				Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.							
Address	Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth	
		Position				Ever Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.							
Address	Hgt.	Wgt.	Hair	Eyes	DOB	Place of Birth	
Location <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input checked="" type="checkbox"/> Sub-Leased From Whom: REO Property Group LLC							
Termination Date of Lease 11/30/28		Immediate Vicinity Residential		School or Churches Yes		Hearing Notice Posted	
Charitable Activity None	Proposed Date of Activity when granted	Age Group 6 - Adult	Admission Charged Membership	Amount -	Security Guards Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> No.		
Estimated Attendance 400-800 daily	Posted Capacity 500	Parking – Location 4 sides of the bldg	Number 271	Paved yes	Lighting adequate		
Outside Signs Front of building depicting DBA					Interior Lightning adequate		
Alcoholic Beverages Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Type ABC License -		ABC Licensed Issued To -			
Location Previous Licensed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date 07/30/13		Applicant Previously Licensed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date		License Suspended, Revoked, or Denied Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date			
Type Health Spa/Club		Type -		Type -			
Date Started Operation 10/01/13	Billiard Tables Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Number			State Board Number SR SO 102-551637			
Attire Gym Wear	Type of Food Served N/A			Entertainment (Describe) N/A			
Hours of Operation Mon - Fri 4:00 am to 12:00 am Sat & Sun 7:00 am to 7: pm		Days of Operation 7		County License Number 141743			



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **24640 WILEY CYN RD, NEWHALL, CA 91321**

TELEPHONE: **(661) 255-3365**

OWNER OF BUSINESS: **WADE A GATES**

CAL. DR. LIC.# : **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **IDEAL FITNESS CENTER INC**

MAILING ADDRESS: **24640 WILEY CYN RD, NEWHALL, CA 91321**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input checked="" type="checkbox"/> 2. Risk Management	YES	03/07/16	nlove
<input checked="" type="checkbox"/> 3. Building & Safety	YES	10/31/14	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	11/14/14	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	10/29/14	tchen
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	09/11/15	ebarnes
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	10/08/14	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	03/25/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	10/20/14	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector

Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$1,878.00

ID # 141743

BUSINESS INFORMATION

Type of Business: Health Club Spa Swimming Pool Public	Address of Business: 24640 WILEY CYN RD NEWHALL CA 91324	
DBA (Business Name): IDEAL FITNESS CENTER INC	Business Telephone: 661/255-3365	
Mailing Address: 24640 WILEY CYN RD NEWHALL CA 91324		
Sellers Permit # (State Board of Equalization): 102-551637		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: 9/27/13	Incorporated in the State of: CALIFORNIA	
Exact Corporate Name: Ideal Fitness Centers Inc		
Names of Officers	Addresses	Titles
Wade gates	[REDACTED]	
	[REDACTED]	

APPLICANT INFORMATION

Applicant's Full Name: WADE A GATES		
Home Address: [REDACTED]		
Home Telephone:	Cell Phone:	Email address: wdegates@yahoo.com
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth:
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED]
Hair Color: [REDACTED]	Eye Color: [REDACTED]	

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 10/1/14 Applicant's Signature: [Signature]

Application taken by: [Signature]

Date: 10-6-14



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 24640 WILEY CYN RD, NEWHALL, CA 91321

TELEPHONE: (661) 255-3365

OWNER OF BUSINESS: WADE A GATES

CAL. DR. LIC# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: IDEAL FITNESS CENTER INC

MAILING ADDRESS: 24640 WILEY CYN RD, NEWHALL, CA 91321

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

RISK MANAGEMENT
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

General liability \$300,000/\$1,000,000

SIGNATURE: [Signature]

DATE: 3/7/16

BASIC LICENSE NO. 8436

DATE 03/07/16

IDENTIFICATION NUMBER 141743

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **24640 WILEY CYN RD, NEWHALL, CA 91321**

TELEPHONE: **(661) 255-3365**

OWNER OF BUSINESS: **WADE A GATES**

CAL. DR. LIC.# **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **IDEAL FITNESS CENTER INC**

MAILING ADDRESS: **24640 WILEY CYN RD, NEWHALL, CA 91321**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

BUILDING & SAFETY

SANTA CLARITA



APPROVAL



DENIAL

RECOMMENDATION:

*We recommend approve at
this time.*

SIGNATURE: _____

DATE: _____

1/07/2014 FRI 17:29 FAX 5612861134 --> FS 124

003/003

Nov-06-2014 01:28pm From-LACOFD FIRE MARSHAL

3238804055

T-190 P.004/021 F-081

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54570, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

124

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 24640 WILEY CYN RD, NEWHALL, CA 91321

TELEPHONE: (661) 255-3365

OWNER OF BUSINESS: WADE A GATES

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: IDEAL FITNESS CENTER INC

MAILING ADDRESS: 24640 WILEY CYN RD, NEWHALL, CA 91321

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

11-8-14

BASIC LICENSE NO. 8436

DATE 10/07/14

IDENTIFICATION NUMBER 141743

70

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 24640 WILEY CYN RD, NEWHALL, CA 91321

TELEPHONE: (661) 255-3365

OWNER OF BUSINESS: WADE A GATES

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: IDEAL FITNESS CENTER INC

MAILING ADDRESS: 24640 WILEY CYN RD, NEWHALL, CA 91321

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**PUBLIC HEALTH
LA COUNTY**



APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: *Wade A Gates*

DATE: 10/24/14

BASIC LICENSE NO. 8436

DATE 10/07/14

IDENTIFICATION NUMBER 141743



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **24640 WILEY CYN RD, NEWHALL, CA 91321**

TELEPHONE: **(661) 255-3365**

OWNER OF BUSINESS: **WADE A GATES**

CAL. DR. LIC# **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **IDEAL FITNESS CENTER INC**

MAILING ADDRESS: **24640 WILEY CYN RD, NEWHALL, CA 91321**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

TREASURER & TAX COLLECTOR

LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

9-11-15

BASIC LICENSE NO. **8436**

DATE **03/17/16**

IDENTIFICATION NUMBER **141743**

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **24640 WILEY CYN RD, NEWHALL, CA 91321**

TELEPHONE: **(661) 255-3365**

OWNER OF BUSINESS: **WADE A GATES**

CAL. DR. LIC.# : **[REDACTED]**

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **IDEAL FITNESS CENTER INC**

MAILING ADDRESS: **24640 WILEY CYN RD, NEWHALL, CA 91321**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**REGIONAL PLANNING
SANTA CLARITA**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION:

*approval for healthspa/club/sc. zoning
referral approved by Cynthia Campana
OTC 14-1728*

SIGNATURE:

Cynthia Campana

DATE:

10/7/14

J

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

14-01315

KIND OF BUSINESS: **HEALTH SPA/CLUB/SC**

ADDRESS OF BUSINESS: 24640 WILEY CYN RD, NEWHALL, CA 91321

TELEPHONE: (661) 255-3365

OWNER OF BUSINESS: WADE A GATES

CAL. DR. LIC.#: [REDACTED]

0410

9/19/67

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **IDEAL FITNESS CENTER INC**

MAILING ADDRESS: 24640 WILEY CYN RD, NEWHALL, CA 91321

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**SHERIFF FINGERPRINT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

Approved

SIGNATURE: _____

Wp 536670

DATE: _____

10/20/14

BASIC LICENSE NO. 8436

DATE 10/07/14

10/7

IDENTIFICATION NUMBER 141743

Signed Tony TTC 10/20